

Application Form Breastfeeding Friendly Employer Designation

Name of Employer: _____

Address: _____

City/State/Zip Code: _____

Telephone: () _____ FAX: () _____

Contact Person: _____

1. Our company currently provides at least 6 weeks of unpaid maternity leave.

Yes No

2. If requested by an employee, our company can/does provide a clean and private space (not a restroom) with an electrical outlet, chair, and sink in close proximity in order to express her milk.

Yes No

3. Our company has or will implement a breastfeeding support policy that is available to all employees upon request. The policy will include the right of the employee to use break times in order to express milk.

Yes No

4. Our company would like to be included on a list of Breastfeeding Friendly Employers in Idaho for promotional purposes.

Yes No

Comments: _____

Please submit completed application to:

Cristi Litzsinger RD, LD, IBCLC
Bureau of Clinical and Preventive Services
P.O. Box 83720
Boise, ID 83720-0036
Phone: 208-334-5948
Fax: 208-332-7362
E-mail: litzsinc@idhw.state.id.us